SOUTH DAKOTA
DEPARTMENT
OF HEALTH

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2002 South Dakota Tuberculosis Morbidity

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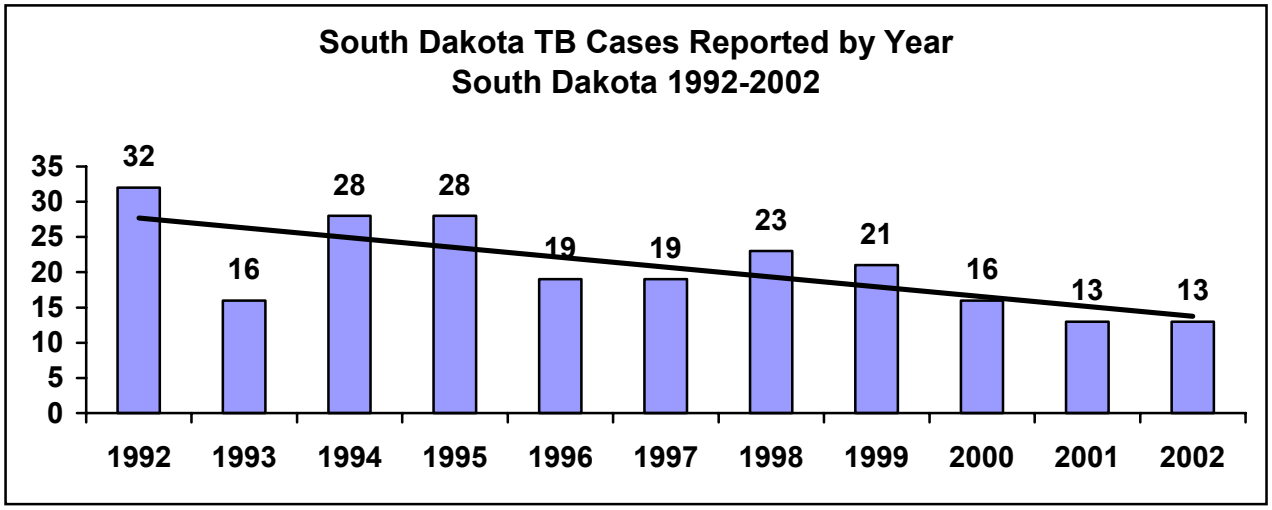
There were 13 cases of tuberculosis reported to the South Dakota Department of Health in 2002, which is the same number as reported in 2001. Cases were distributed throughout the state with 10 counties reporting TB cases. Four (40%) of these counties had not reported TB cases for 3 or more years. During 2002, there were no drug-resistant TB cases reported. In addition, no TB cases were reported in long-term care facilities and no HIV co-infected TB patients were reported.

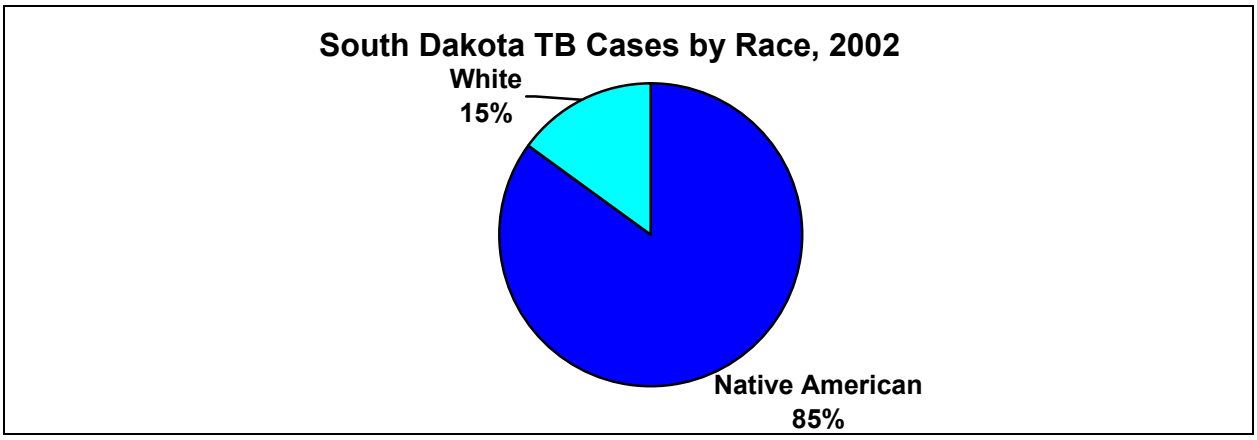


TB Cases Reported By Sex and Age, South Dakota 2002

Age (Years)	Male	Female	Total	% Of Cases
0-4	0	0	**0**	---
5-9	0	0	**0**	---
10-14	0	0	**0**	---
15-19	0	0	**0**	---
20-29	1	0	**1**	8%
30-39	0	0	**0**	---
40-49	0	3	**3**	23%
50-59	2	0	**2**	15%
60-69	2	2	**4**	31%
70-79	0	1	**1**	8%
80-89	1	1	**2**	15%
90+	0	0	**0**	---
TOTAL	**6**	**7**	**13**	**100%**

TB Cases Reported by Sex and Race, South Dakota 2002

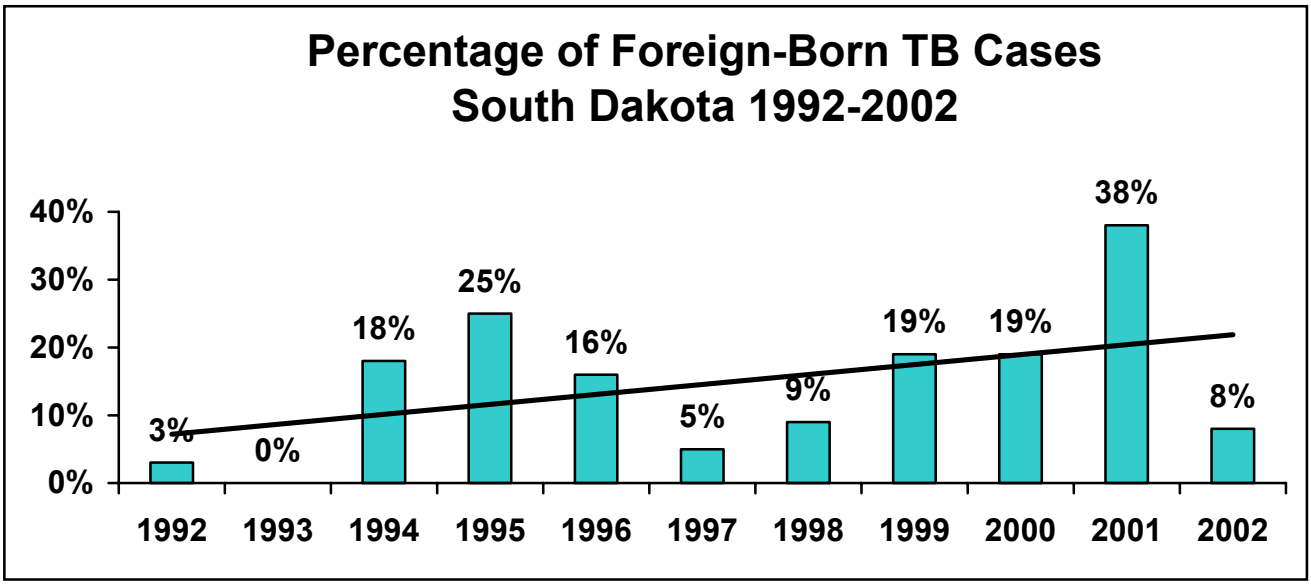
Race	Male	Female	Total	% Of Cases
Native American	5	6	**11**	85%
White	1	1	**2**	15%
Black	0	0	**0**	---
Hispanic	0	0	**0**	---
Asian	0	0	**0**	---
TOTAL	**6**	**7**	**13**	**100%**



TB Morbidity Incidence Rates per 100,000 by Race and Year, South Dakota 1997-2002

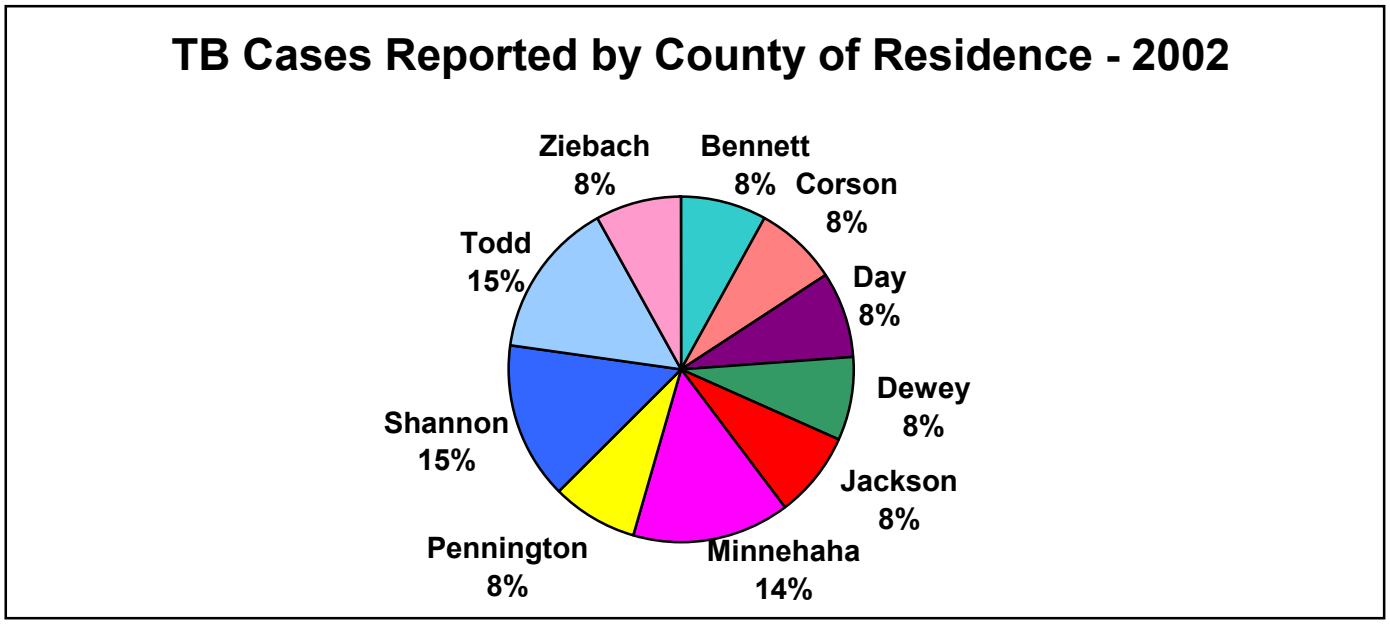
**Specific race data not available from the census for this year other than White & Native American.*

RACE	1997	1998	1999	2000	2001	2002
All Races	2.7	3.3	3.0	2.3	1.7	1.7
Native American	25.7	33.6	27.7	17.8	5.9	16.1
White	0.6	0.6	0.6	0.6	0.4	0.3
Black	Not available	Not available	Not available	Not available	48.4	0.0
Asian	Not available	Not available	Not available	Not available	17.4	0.0
All Other Races	12.6*	25.3*	37.9*	37.9*	38.5	0.0



Tb Cases Reported by County of Residence, South Dakota 2002

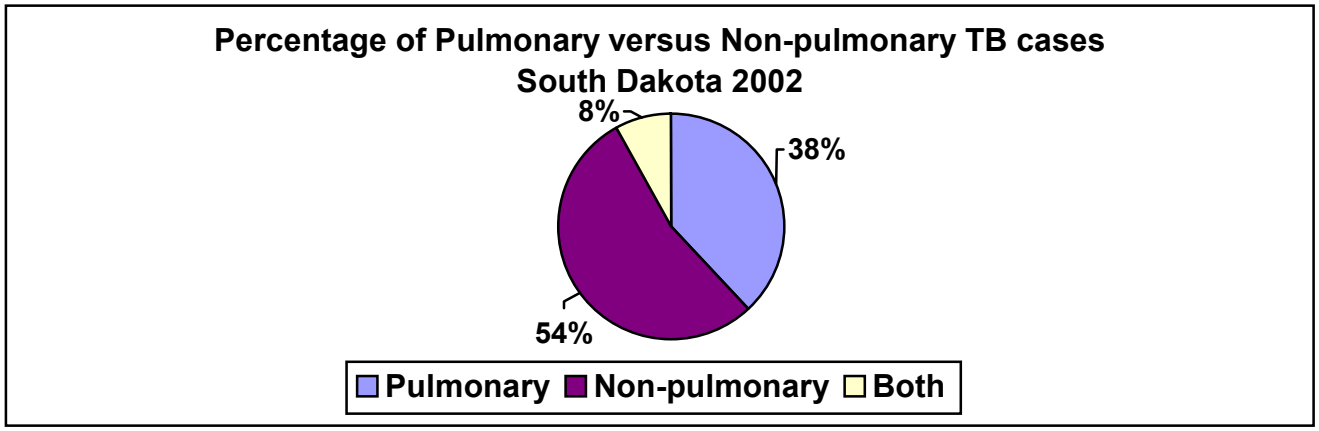
County	# of TB cases	County	# of TB cases
Bennett	1	Minnehaha	2
Corson	1	Pennington	1
Day	1	Shannon	2
Dewey	1	Todd	2
Jackson	1	Ziebach	1



Pulmonary and Non-Pulmonary Tuberculosis Cases by Race, South Dakota 2002

Site of Disease	Native American	White	Black	Hispanic	Asian	TOTAL
Pulmonary	3	2	0	0	0	**5**
Non-pulmonary	7	0	0	0	0	**7**
Both	1	0	0	0	0	**1**
TOTAL	**11**	**2**	**0**	**0**	**0**	**13**

The non-pulmonary sites of disease included the following: renal, peritoneal, brain, meningitis, pectoral muscle, lesion on foot, neck tissue, and knee.



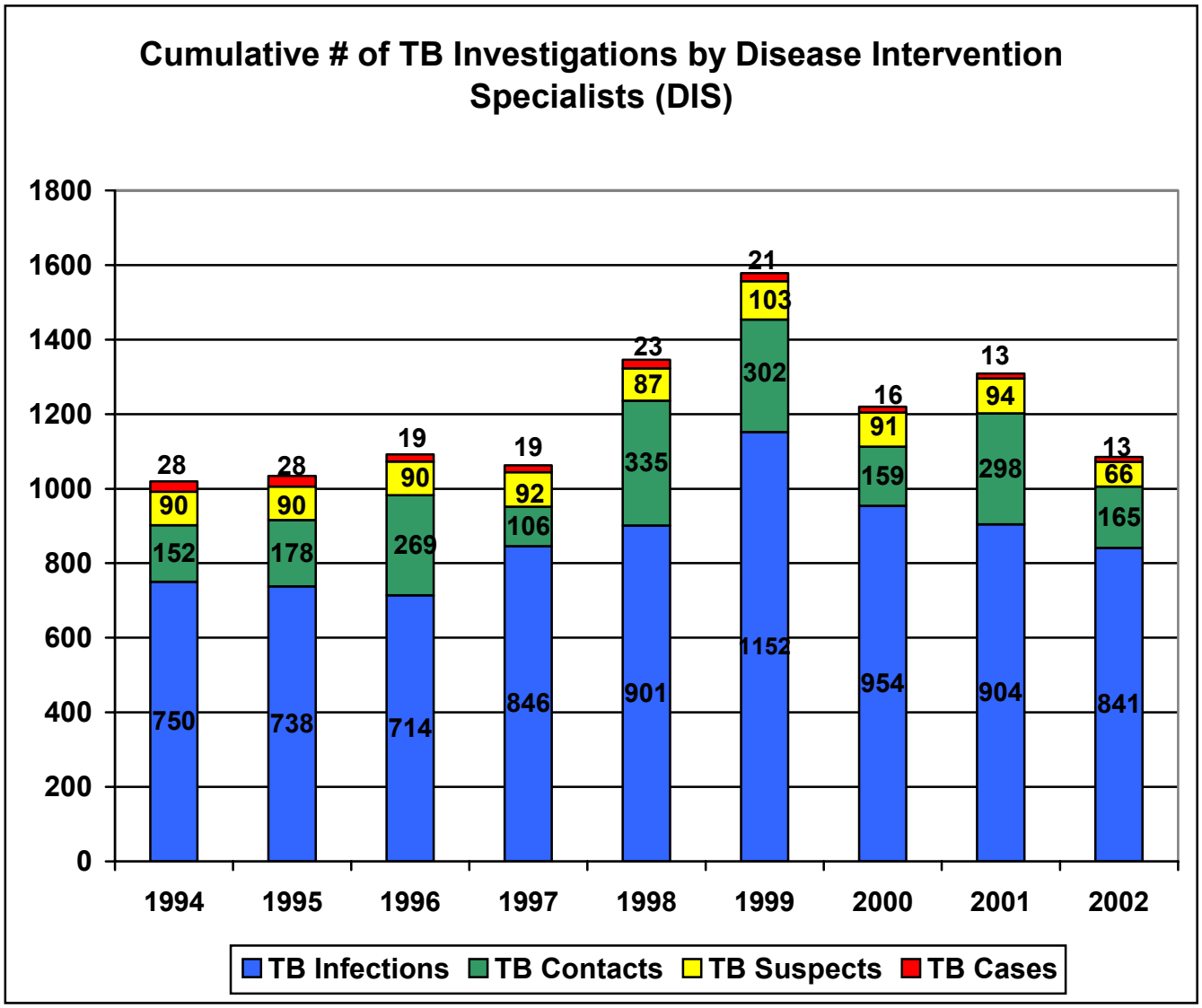
TB Mortality by Race and Year, South Dakota 1999-2002

Race	1999		2000		2001		2002	
All races	4/21	19%	4/16	25%	1/13	8%	4/13	31%
Native American	3/14	21%	3/9	33%	1/4	25%	4/11	36%
White	1/4	25%	1/3	33%	0/3	0%	0/2	0%
Black	0/1	0%	0/3	0%	0/3	0%	---	---
Hispanic	0/1	0%	---	---	0/2	0%	---	---
Asian	0/1	0%	---	---	0/1	0%	---	---

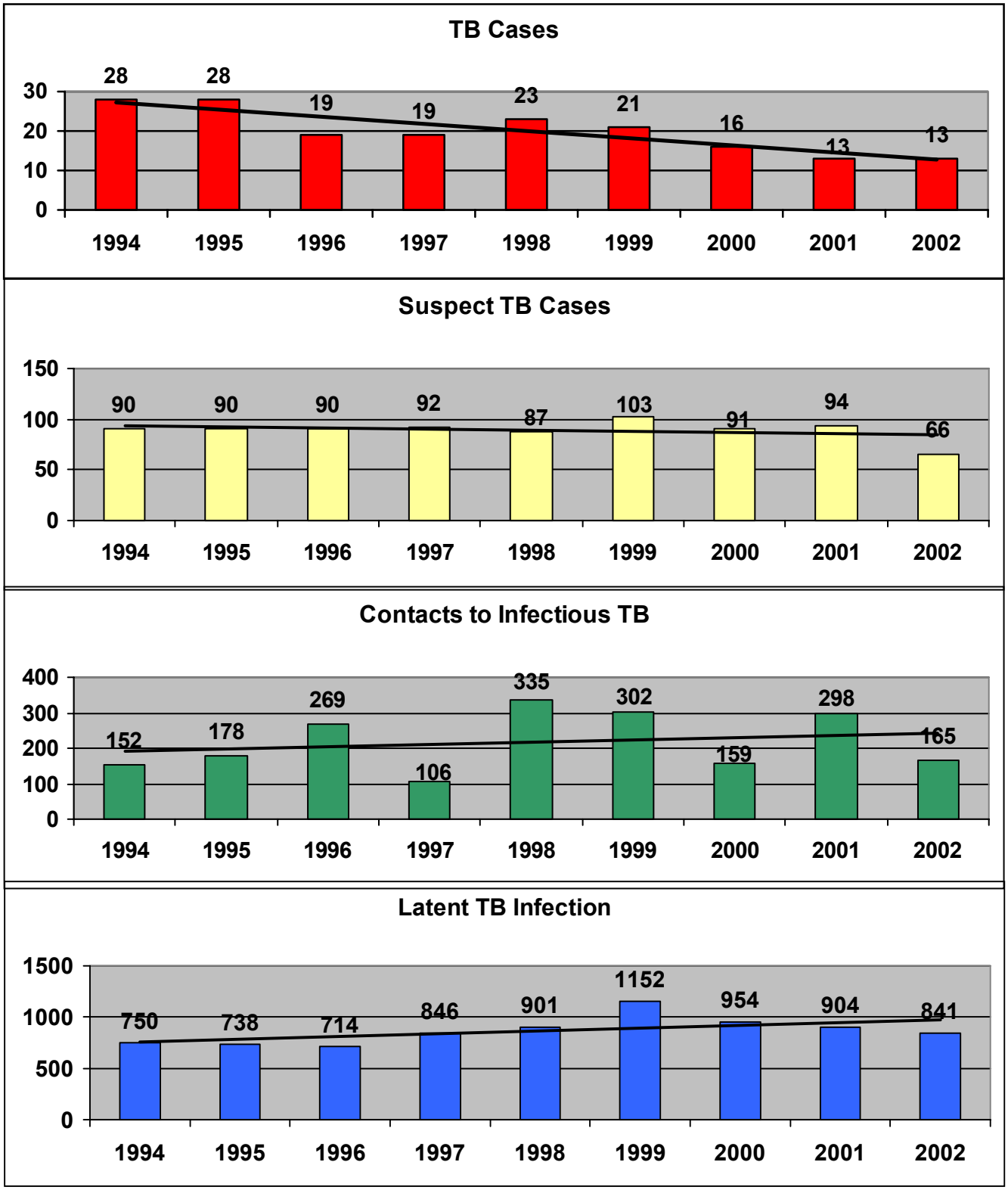
Patients Started on Treatment for Latent TB Infection, South Dakota 1993-2002

1993	1994	1995	1996	1997	1998	1999	2000	2001	2002*
654	536	579	640	631	683	771	592	670	566

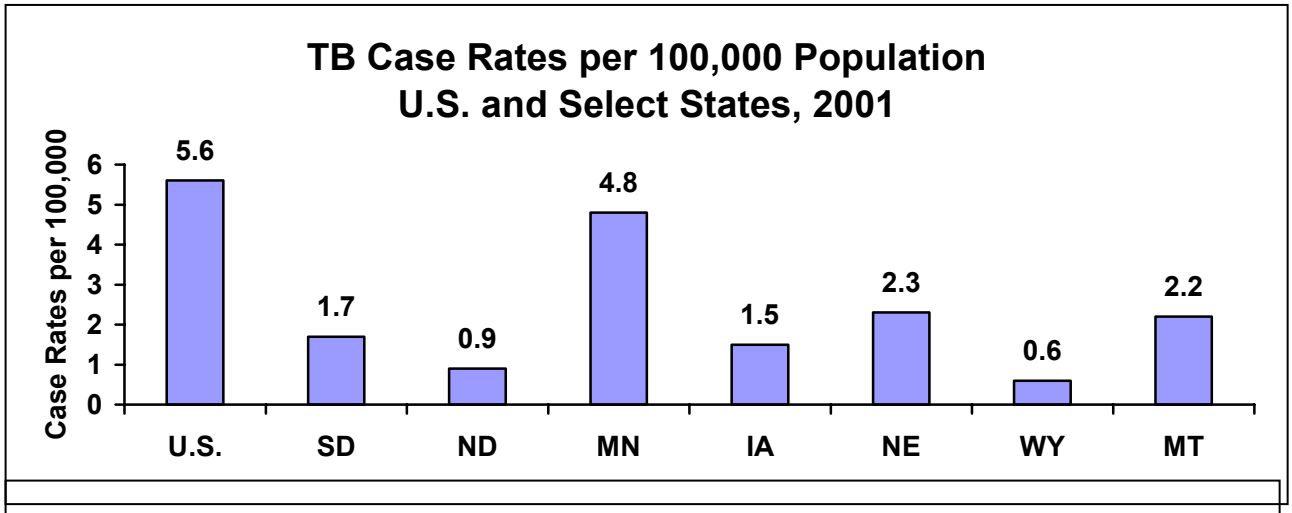
*2002 data is provisional

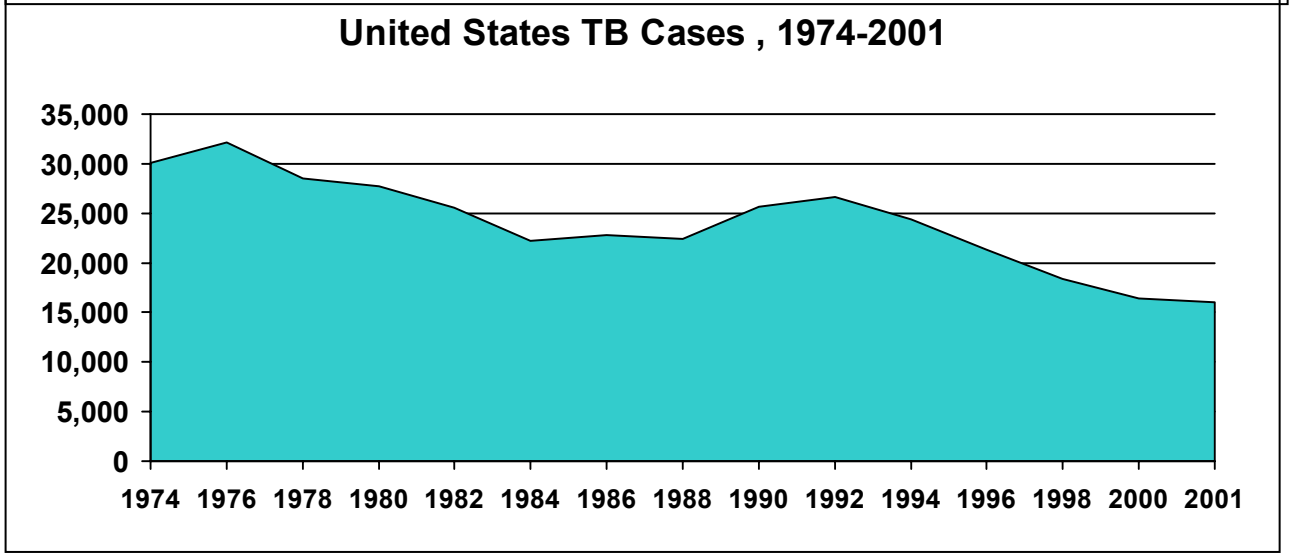

Cumulative # of TB Investigations by Disease Intervention Specialists (DIS)
1800
1600
1400
1200
1000
800
600
400
200
0
1994
1995
1996
1997
1998
1999
2000
2001
2002
28
90
152
750
28
90
178
738
19
90
269
714
19
92
106
846
23
87
335
901
21
103
302
1152
16
91
159
954
13
94
298
904
13
66
165
841
TB Infections
TB Contacts
TB Suspects
TB Cases

TB Cases, TB Suspects, TB Contacts and TB Infections Reported in SD, 1994-2002



2001 US AND REGIONAL TB STATISTICAL INFORMATION





TB Cases and Case Rates per 100,000, United States 1991-2001

Year	Number of TB Cases	TB Case Rate	% Change of Number	% Change of Rate
1991	26,283	10.4	+2.3%	+1.0%
1992	26,673	10.5	+1.5%	+1.0%
1993	25,287	9.8	-5.2%	-6.7%
1994	24,361	9.4	-3.7%	-4.1%
1995	22,860	8.7	-6.2%	-7.4%
1996	21,337	8.0	-6.7%	-8.0%
1997	19,851	7.4	-7.0%	-7.5%
1998	18,361	6.8	-7.5%	-8.1%
1999	17,531	6.4	-4.5%	-5.9%
2000	16,377	5.8	-6.6%	-9.4%
2001	15,989	5.6	-2.4%	-3.4%

United States Cancer Statistics: 1999 Incidence Report released

United States Cancer Statistics: 1999 Incidence provides state-specific and regional data for cancer cases diagnosed in 1999, the most recent year for which data are available. The report was released in November 2002 and represents the first set of official federal cancer incidence statistics from those states meeting high-quality data standards. It is a joint publication of the Centers for Disease Control and Prevention (CDC), and the National Cancer Institute (NCI), in collaboration with the North American Association of Central Cancer Registries (NAACCR). The two federal programs supporting population-based cancer registries in the United States are the CDC's National Program of Cancer Registries (NPCR) and NCI's Surveillance, Epidemiology, and End Results (SEER) Program.

The new data, compiled from cancer registries that have met criteria and standards of accuracy, completeness and timeliness, are from 37 states, six metropolitan areas, and the District of Columbia and represent about 78 percent of the U.S. population. Previous reports on cancer incidence used data from smaller samples of the U.S. population.

Information from population-based central cancer registries is critical for directing effective cancer prevention and control programs or other interventions. Such activities may focus on preventing behaviors that put people at increased risk for cancer (such as tobacco use and physical inactivity) and on reducing environmental risk factors (such as occupational exposures to known carcinogens).

Some highlights of the United States Cancer Statistics: 1999 Incidence report include:

- The leading cancer in men, regardless of race, is prostate cancer, followed by lung/bronchus and colon/rectal. Prostate cancer rates are 1.5 times higher in black men than white men.
- The leading cancer in women, regardless of race, is breast cancer, followed by lung/bronchus and colon/rectal in white women, and colon/rectal and lung/bronchus in black women. Breast cancer rates are about 20 percent higher in white women than in black women.
- Melanomas of the skin and cancer of the testis are among the top 15 cancers for white men, but not black men.
- Melanomas of the skin and cancer of the brain/other nervous systems are among the top 15 cancers for white women, but not black women.
- Multiple myeloma (cancer that arises in plasma cells) and cancer of the stomach are among the top 15 cancers for black women, but not white women.
- Multiple myeloma and cancer of the liver are among the top 15 cancers for black men, but not white men.

The report also shows geographic variations in the occurrence of cancer in the U.S. It does not include information about cancer deaths nor does it address Native Americans separately.

The full report is available at www.cdc.gov/cancer/ and at www.seer.cancer.gov/statistics.

Please note that South Dakota is not included in the report as the South Dakota Cancer Registry is one of two states still in the planning and implementation stage of setting up a statewide, population-based registry, and has not yet reached national standards.

Electronic Death Registration in South Dakota

The South Dakota Department of Health, Office of Vital Records, is pursuing an Electronic Death Registration System (EDRS), a method by which death records can be filed electronically with the State of South Dakota. EDRS will allow physicians, coroners and funeral directors to efficiently complete their portion of the death record from any PC connected to the Internet. The EDRS will replace the existing paper process in approximately 70% of the death records.

User logon and password will limit access to and within EDRS. Only those individuals with authorized passwords are permitted to logon to the system. Logon and passwords tell the system who is on the system and the degree to which each user has access to EDRS options and sub-options. Once completed by all parties, death records will be accessible to the state and any county Register of Deeds to issue certified copies.

The EDRS is part of a department effort to reengineer the entire Vital Records System. The new system known as the Electronic Vital Record and Screening System (EVRSS) currently has modules to handle marriage records and electronic birth records with metabolic and hearing screening information included. EVRSS is centrally controlled and managed allowing for upgrades to the system that can be implemented easily to all users. The EDRS is being developed according to national guidelines and to meet the requirements of South Dakota law, rules and regulations.

The target date for implementation of EDRS is 2004. The department is working with the South Dakota State Medical Association, the South Dakota Funeral Directors Association, the South Dakota Association of Healthcare Organizations, funeral directors, physicians, coroners, County Registers of Deeds, hospitals, clinics and nursing homes to move toward implementation.

EDRS will provide significant benefits:

- Built in edits ensure that a complete record is filed, decreasing the chance that a record will be rejected or amended.
- Field by field security ensures that the appropriate participant completes appropriate fields.
- Completion of a death record can be performed at any time from any electronic device that can connect to the internet.
- Customer service will be enhanced by shortening the time required to file a record and by allowing certified copies to be issued at any local Register of Deeds.
- Quicker data sharing with partners such as the Social Security Administration and other states will reduce benefit and identity fraud.
- Quicker receipt of data will allow DOH to determine events that require epidemiological assistance.

For more information about the EDRS, contact the department's State Registrar, Kathlene Mueller, at 773-3361.

NOTE: Since its inception in 1905 the Department of Health's Vital Records system has collected data on leading health indicators for natality, infant mortality, mortality and other vital events such as marriage and divorce. The following two articles are part of a series that appears occasionally in the Public Health Bulletin to feature data available through Vital Records.

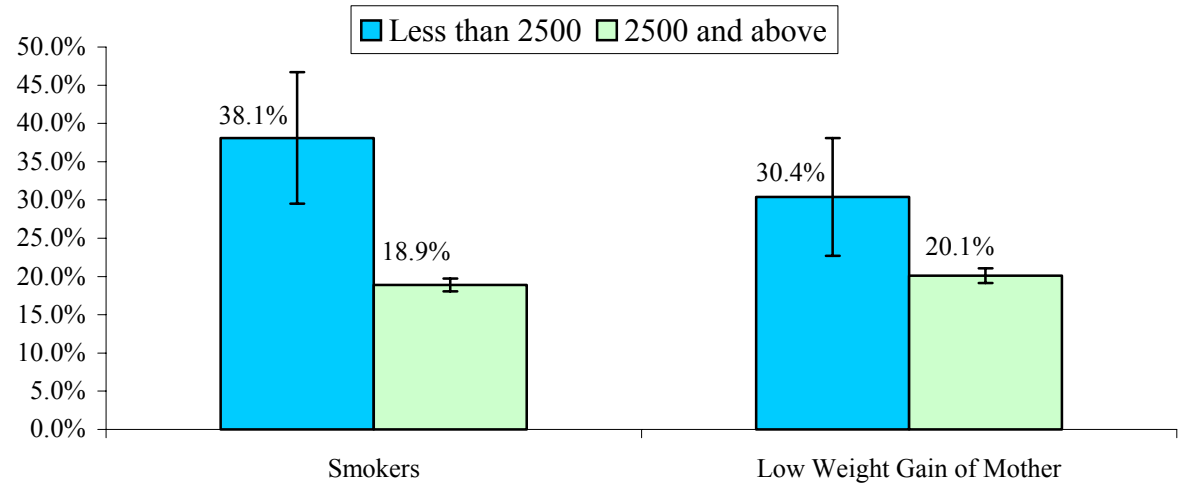
Impact of maternal smoking, low weight gain on low birth weight in South Dakota

In 2001, 9,610 of the babies born to South Dakota residents were 37 weeks of gestation or above. Of those babies born at 37 weeks or more gestation, 197 weighed less than 2,500 grams, which is considered a low birth weight.

To determine some of the causes of low birth weight babies in babies born at or above 37 weeks gestation, the Department of Health analyzed these births by the mother's behavior. Of the babies born at 37 weeks gestation and above weighing less than 2,500 grams, 38.1 percent were born to mothers who smoked during their pregnancy. By comparison, 18.9 percent of normal birth weight babies were born to mothers who smoked.

Of the babies born at 37 weeks gestation and above who weighed less than 2,500 grams, 30.4 percent were born to mothers who had low weight gain during their pregnancy. In comparison, 20.1 percent of normal birth weight babies were born to mother with low weight gain during pregnancy. The figure below shows behaviors of mothers with low and normal birth weight babies at least 37 weeks gestation.

Selected Behaviors of the Mother by Infant's Birth Weight, 2001



Note: Only infants with at least 37 weeks gestation were included in this table
Source: South Dakota Department of Health

South Dakota leading causes of death by gender

The leading cause of death for South Dakota residents is heart disease. The table below shows the 10 leading causes of death by gender in South Dakota. Eight of the 10 leading causes were the same for men and women, but they differed in rank. Intentional self-harm (suicide) and nephritis, nephrotic syndrome, and nephrosis were among the 10 leading causes of death for South Dakota men, but not for women.

Likewise, organic, including symptomatic, mental disorders and other diseases of the intestines were among the 10 leading causes of death for women, but not for men. South Dakota women were also more likely to die from Alzheimer's disease than men.

South Dakota Resident Leading Causes of Death by Gender, 2001

Cause of Death	All			Male			Female		
	Rank	Deaths	Percent	Rank	Deaths	Percent	Rank	Deaths	Percent
South Dakota (All Deaths)		**6,915**	**100.0**		**3,560**	**100.0**		**3,355**	**100.0**
Heart Disease…..(I00-I09, I11, I13, I20-I51)	1	1,984	28.7	1	1,034	29.0	1	950	28.3
Cancer ……..…..(C00-C97)	2	1,598	23.1	2	889	25.0	2	709	21.1
Cerebrovascular Diseases ….……(I60-I69)	3	491	7.1	5	196	5.5	3	295	8.8
Accidents ……..…….. (V01-X59, Y85-Y86)	4	382	5.5	3	241	6.8	5	141	4.2
Chronic Lower Respiratory Diseases ……..…...(J40-J47)	5	360	5.2	4	207	5.8	4	153	4.6
Diabetes Mellitus ……..(E10-E14)	6	210	3.0	6	94	2.6	6	116	3.5
Influenza and Pneumonia ……...(J10-J18)	7	186	2.7	8	89	2.5	9	97	2.9
Alzheimer's Disease ……....(G30)	8	159	2.3	10	51	1.4	7	108	3.2
Organic, including symptomatic, mental disorders…….(F00-F09)	9	135	2.0	*	*	*	8	99	3.0
Intentional Self-Harm (Suicide) ……(X60-X84, Y870)	10	108	1.6	7	91	2.6	*	*	*
Nephritis, Nephrotic Syndrome, and Nephrosis…(N00-N07, N17-N19, N25-N27)	*	*	*	9	54	1.5	*	*	*
Other diseases of intestines……...(K55-K63)	*	*	*	*	*	*	10	49	1.5
All Other Causes	-	1,308	19.0	-	614	17.2	-	635	18.9

Note: Letter / number combinations following cause of death are ICD-10 codes.
Due to rounding, disease-specific death rates may not sum to state death rate.
* This cause was not one of the ten leading causes of death for this gender.
Source: South Dakota Department of Health

South Dakota Department of Health - Infectious Disease Surveillance

Selected Morbidity Report, 1 January – 31 December 2002 (provisional numbers)

	Disease	2002 year-to-date	5-year median	Percent change
Vaccine-Preventable Diseases	Diphtheria	0	0	na
	Tetanus	0	0	na
	Pertussis	7	8	-13%
	Poliomyelitis	0	0	na
	Measles	0	0	na
	Mumps	0	0	na
	Rubella	0	0	na
	Haemophilus influenza type b	1	1	0%
Sexually Transmitted Infections and Blood-borne Diseases	HIV infection	21	22	-5%
	Hepatitis B	2	1	100%
	Chlamydia	2214	1573	+41%
	Gonorrhea	263	221	+19%
	Genital Herpes	310	275	+13%
	Syphilis, primary & secondary	0	0	na
Tuberculosis	Tuberculosis	13	19	-32%
Invasive Bacterial Diseases	Neisseria meningitidis	2	6	-67%
	Invasive Group A *Streptococcus*	14	14	0%
Enteric Diseases	*E. coli* O157:H7	41	44	-7%
	Campylobacteriosis	194	140	+39%
	Salmonellosis	114	100	+14%
	Shigellosis	157	31	+406%
	Giardiasis	81	127	-36%
	Cryptosporidiosis	36	15	+140%
	Hepatitis A	3	10	-70%
Vector-borne Diseases	Animal Rabies (through Nov 2002)	90	96	-6%
	Tularemia	3	7	-57%
	Rocky Mountain Spotted Fever	1	2	-50%
	Malaria	2	1	+50%
	Hantavirus Pulmonary Syndrome	0	0	na
	Lyme disease	2	0	na
	West Nile Virus disease	37	0	na
Other Diseases	*Streptococcus pneumoniae*, drug-resistant	1	1	0%
	Legionellosis	4	4	0%
	There were single cases of the following diseases reported: cutaneous anthrax, cholera, dengue fever, acute hepatitis C, Listeriosis, Q fever, and toxic shock syndrome.			

Communicable diseases are obligatorily reportable by physicians, hospitals, laboratories, and institutions.
The **Reportable Diseases List** is found at www.state.sd.us/doh/Disease/report.htm or upon request.
Diseases are reportable by telephone, mail, fax, or courier.
Telephones: 24 hour answering device 1-800-592-1804; for a live person at any time call 1-800-592-1861; after hours emergency 605-280-4810. **Fax** 605-773-5509.
Mail in a sealed envelope addressed to the DOH, Office of Disease Prevention, 615 E. 4th Street, Pierre, SD 57501, marked "Confidential Medical Report".

State updates reportable diseases list

Reporting of communicable diseases to the South Dakota Department of Health is mandated for physicians, hospitals, laboratories, and institutions under ARSD 44:20:02:02. This includes medical laboratories, diagnostic laboratories, blood banks, public and private schools, universities and colleges, health and correctional institutions, funeral establishments and mortuaries, child care facilities, food service, lodging and campground establishments.

As authorized by SDCL 34-22-12, the Department of Health has revised and updated the rule to include several Category B or C biological agents that could be used in bioterrorism. The new communicable disease rules went into effect December 23, 2002. A complete list of mandatory reportable diseases in South Dakota, along with instructions for reporting, is enclosed in this issue. The information is also available on the department web site at www.state.sd.us/doh/Disease/report.htm.

Questions about reporting communicable diseases can be directed to the department's Office of Disease Prevention at 605-773-3737 or 1-800-592-1861.